**IAMP Young Physician Leaders 2014**

*“The Leadership Training Program & Network for Young Physicians”*

**NOMINATION FORM 2014**

**Deadline for receipt of nomination form 4 July 2014**

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| **CANDIDATE** |  |  |
| Title (Prof/Dr. etc): | SURNAME(FAMILY NAME): | Name: |
| Date of birth: | Sex: |
| Current institution address  | Tel: |
| Fax: |
| Email: |
| Field of specialization: |
| Academic qualifications and Universities attended(begin with Bachelor's degree, then MD or (other medical degree) And residency or Fellowship training)- with dates): |
| Current employment and nature of responsibilities: |

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| Reasons for your nomination (*max. 200 words and based on requested criteria*) |
| Provide evidence of current and past leadership and communication skills (no more than 200 words) |
| Provide evidence of engagement in organizations and/or issues in the community or “wider society” beyond the traditional medical community (no more than 200 words) |
| **Partial** financial support may be available for candidates from **least developed countries**. WILL THE CANDIDATE REQUIRE PARTIAL TRAVEL SUPPORT FROM IAMP?  |
| **NOMINATOR** |
| Candidate nominated by: |
| IAMP member academy/M8 Alliance |
| Position of nominator in IAMP Member Academy/M8 Alliance |
| Email address: |

**Additional supporting documents required:**

* Full CV and list of publications
* Letter of Recommendation from President/Nominator of IAMP Member Academy

**Deadline for receipt of nomination form by email as a WORD attachment (****iamp@twas.org****)**

**4 July 2014**

**IAMP Secretariat Contact**

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